![dhhs - nc department of health and human services logo]

An Information Service of the Division of Medical Assistance

North Carolina

Medicaid Pharmacy

Newsletter

In This Issue...

Electronic Data Systems (EDS) Provider Services

With the expansion of the Medicaid programs and input from the provider community, Electronic Data Systems (EDS) has added new staff to the EDS Provider Services Call Center. As always, DMA and EDS are working together to provide responsive and efficient customer service to all Medicaid providers. We are optimistic that the increase in staff will provide a higher level of customer satisfaction for our Medicaid providers. EDS Provider Services can be reached at 1-800-688-6696, option 3 between the hours of 8:00 a.m. through 4:30 p.m. Monday through Friday.

National Provider Identifier (NPI) Collection Form

The National Provider Identifier (NPI) Form is now available on the Division of Medical Assistance's (DMA) Website at http://www.dhhs.state.nc.us/dma/npi.htm.

North Carolina Medicaid is collecting the NPI numbers from currently enrolled Medicaid providers. The form can be returned by fax or mailed to the address listed on the form. Providers must also include with the NPI form a copy of the notification letter from the National Plan and Provider Enumeration System (NPPES). Please provide this information to DMA **no later than March 31, 2007.**

DMA is pursuing options for e-mail, web-based and electronic batch file submission. Details will be provided in future bulletins.

National Provider Identifier (NPI) 837 Filing Requirements

With the implementation of the NPI, Medicaid will begin using additional data from the 837 Health Care Claim to identify the providers within our system. The additional information from the 837 that will be used is as follows:

> • Billing/Rendering Provider Taxonomy Codes
>
> • Billing Provider/Service Facility Location Zip Codes

Although North Carolina Medicaid will not be implementing NPI until 2007, we encourage providers to begin sending these additional data elements as soon as possible.

Follow the rules of the 837 Implementation Guides and the Medicaid Companion Guides to populate this information on your transactions.

Providers who have received their NPIs can begin submitting them on all transactions with your Medicaid Provider number.

Currently these changes apply to the 837 transactions changes. Changes to the NCECSWeb application will be made at a later date.

Correct Billing of Risperdal Consta

Because of continued billing errors for Risperdal Consta, DMA has placed an upper limit of up to 3 syringes on POS (Point of Sale) billing. If the physician orders more than 3 syringes, then the pharmacy will need to submit the claim on a **Pharmacy paper claim form** which is available on the DMA website at http://www.dhhs.state.nc.us/dma/Forms/pharmclaim.pdf. If there are questions regarding the correct unit of measure for a drug, please contact EDS Provider Services at 1-800-688-6696.

Proper Reporting of NDCs

The NC Medicaid Outpatient Pharmacy Program can only cover drugs from manufacturers who have signed national Medicaid Drug Rebate Agreements with CMS. Drug companies sign the agreements for specific drug manufacturer codes. Since rebates are determined by NC Medicaid's utilization data, **it is imperative that pharmacies bill NC Medicaid using the correct NDC number of the drug actually dispensed**. If a provider is dispensing one drug and billing for a different NDC than the drug being dispensed, this is considered fraud which can result in claims being recouped, sanctions, and termination of provider agreements. Program Integrity will be monitoring for this in their onsite visits.

Tax Identification Information

The NC Medicaid program must have the correct tax information on file for all providers. This ensures that 1099 MISC forms are issued correctly each year and that correct tax information is provided to the IRS. Incorrect information on file with Medicaid can result in the IRS withholding 28% of a provider's Medicaid payments. The individual responsible for maintenance of tax information must receive the information contained in this article.

How to Verify Tax Information

The last page of the Medicaid Remittance and Status Report (RA) indicates the tax name and number on file with Medicaid for the provider number listed. Review the Medicaid RA throughout the year to ensure that the correct tax information is on file for each provider number. If you do not have access to a Medicaid RA, call EDS Provider Services at 919-851-8888 or 1-800-688-6696 to verify the tax information on file for each provider.

How to Correct Tax Information

All providers are required to complete a W-9 form for each provider for whom incorrect information is on file. Please go to http://www.irs.gov/pub/irs-pdf/fw9.pdf to obtain a copy of a W-9 form. Correct information must be received by December 01, 2006. The procedure for submitting corrected tax information to the Medicaid program is outlined on the next page:

Tax Identification Information (cont.)

All providers who identify incorrect tax information must submit a completed and signed W-9 form, along with a completed and signed NC Medicaid Provider Change form to the address listed below:

Division of Medical Assistance
Provider Services
2501 Mail Service Center
Raleigh NC 27699-2501

Changes in Drug Rebate Manufacturers

Additions

The following labelers have entered into Drug Rebate Agreements and joined the rebate program effective on the dates indicated below:

Code	Manufacturer	Date
15127	Select Brand	10/01/2006
20091	Provident Pharmaceuticals Inc.	11/14/2006
23155	Heritage Pharmaceuticals Inc.	11/09/2006
24108	Idenix Pharmaceuticals	11/03/2006
68850	Stat-Trade, Inc.	10/25/2006

Checkwrite Schedule

November 07, 2006	December 05, 2006
November 14, 2006	December 12, 2006
November 21, 2006	December 21, 2006

Electronic Cut-Off Schedule

November 03, 2006	December 01, 2006
November 09, 2006	December 08, 2006
November 17, 2006	December 15, 2006

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day prior to the electronic cut-off date to be included in the next checkwrite.

_____
Mark T. Benton, Sr
Senior Deputy Director and Chief Operating Officer
Division of Medical Assistance
Department of Health and Human Services

_____
Cheryll Collier
Executive Director
EDS